

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/070000</i>	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
1							51						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	<i>12</i>						TOTAL IND.						
TOTAL DEP.	<i>2</i>						TOTAL DEP.						
TOTAL CLAIMS	<i>3</i>						TOTAL CLAIMS						